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FAX COVER SHEET

Date: Friday, April 29, 2005**Number of Pages:** Cover sheet plus 106 page(s)

To: Examiner Joe Cheng
Company: U.S.P.T.O.
Your Reference: Serial No. 10/748,742
Fax Number: 703-872-9306

From: John V. Daniluck (jdanieluck@uspatent.com)
Our Reference: 7024-538

J. Daniluck
29 April 2005

Comments:

Included with the transmission are the following documents:

1. Amendment and Response to Office Action
2. Supplemental IDS – Cover Letter
3. Supplemental IDS – PTO Form SB08B
4. 1 cited non-patent reference
5. Fee Transmittal
6. Credit Card Payment Form
7. Petition for Extension of Time

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**405****Complete If Known**

Application Number	10/748,742
Filing Date	December 30, 2003
First Named Inventor	David A. Schleppenbach et al.
Group Art Unit	3713
Examiner Name	Joe H. Cheng
Attorney Docket Number	7024-538

METHOD OF PAYMENT (check all that apply)
☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):

☐ Deposit Account: Deposit Account Number **23-3030** Deposit Account Name **Woodard, Emhardt, Moriarty, McNett & Henry LLP**

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☒ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION:**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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 $\text{HP} = \text{highest number of total claims paid for, if greater than 20}$
 $\text{Indep. Claims} \times \text{Fee ($)} = \text{Fee Paid ($)}$
 $\text{HP} = \text{highest number of independent claims paid for, if greater than 3}$
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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 $\text{Total Sheets} - 100 = \text{Extra Sheets} \div 50 = \text{Number of each additional 50 or fraction thereof}$ (round up to a whole number) x Fee (\$)= Fee Paid (\$)
4. OTHER FEE(S)

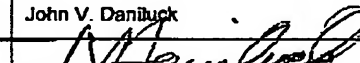
Non-English Specification. \$130 fee (no small entity discount)

Fee Paid (\$)

Other: Two Month Extension (\$225) and Supplemental IDS (\$180)

\$405

SUBMITTED BY:

Name (Print/Type):	John V. Daniluck	Registration No.:	40,681	Telephone:	(317)634-3456
Signature:		(Attorney/Agent)		Date:	29 April 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the Examiner of record at 703-872-9306 on the date indicated below.

Name (Print/Type)	John V. Daniluck	Date	29 April 2005
Signature	